## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/591,408

|   |  | 10/591,400  |   |                        |  |                                  |            |                     |                        |                 |                         |                        |
|---|--|---|---|------------------------|--|----------------------------------|------------|---------------------|------------------------|-----------------|-------------------------|------------------------|
|   |  | CLAIMS A  | AS FILED - P  |                        | (Column 2)                             |                                  |            | SMALL ENTITY TYPE   |                        | OTHER THAN      |                         |                        |
| U.S.  | NATIONAL S                                     | TAGE FEES   | (Column :   | ·) .                   | (Column 2)                             |                                  |            | RATE                | FEE                    |                 | RATE                    | FEE                    |
| BAS   | IC FEE   |   | SMALL ENT. =  | \$ 150                 | LARGE ENT. = \$ 300                    |                                  |            | BASIC FEE           |                        | OR              | BASIC FEE               | 300                    |
| EXAMINATION FEE   |  |   | Satisfies PCT Artic   | 1                      | er situations =                        |                                  | EXAM. FEE  |                     |                        | EXAM. FEE       | 200                     |                        |
| SEARCH FEE  |  |   | U.S. is ISA' = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                        | ALL other situations = \$ 250 / \$ 500 |                                  |            | SEARCH FEE          |                        |                 | SEARCH FEE              | 400                    |
| FEE   | FOR EXTRA S                                    | PEC. PGS.   | minus 100 =   |                        | / 50 =                                 |                                  |            | X \$ 125 =          |                        | ·               | X \$ 250 =              |                        |
| τοτ.  | AL CHARGEAE                                    | BLE CLAIMS  | 20 minu   |                        | •                                      |                                  | X \$ 25 =  |                     | OR                     | X \$ 50 =       |                         |                        |
| INDE  | PENDENT CL                                     | AIMS  | 2 mir   |                        | k                                      |                                  | X \$ 100 = |                     | OR                     | X \$ 200 =      | -                       |                        |
| MUL   | TIPLE DEPENI                                   | DENT CLAIM PRI  | ESENT   |                        |  |                                  |            | + \$ 180 =          |                        | OR              | + \$ 360 =              |                        |
| * If  | the difference                                 | in,column 1 is  | less than zero,   | enter "                | 0" in co                               | lumn 2                           | ' . '      | TOTAL               | :                      | OR              | TOTAL                   | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |  |   |   |                        |  |                                  |            | SMALL ENTITY        |                        | OR <sub>.</sub> | OTHER THAN SMALL ENTITY |                        |
| AMENDMENT A   | 9/1/0%   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |   | NUN<br>PREVI           | HEST<br>MBER<br>OUSLY<br>FOR           | PRESENT<br>EXTRA                 |            | RATE                | ADDI-<br>TIONAL<br>FEE |                 | RATE                    | ADDI-<br>TIØNAL<br>FEE |
|   | Total  | . 20  | Minus   | ** 0                   | 20                                     | =                                |            | X \$ 25 =           |                        | OR              | X \$ 50 =               |                        |
|   | Independent                                    | . 2   | Minus   | ***                    | 3                                      | =                                |            | X \$ 100 =          |                        | OR              | x \$ 200 =              |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                        |  |                                  |            | + \$ 180 =          | *                      | OR              | \$ 360 =                |                        |
|   |  |   | :   |                        |  |                                  |            | TOTAL ADDIT.<br>FEE |                        | OR              | TOTAL ADDIT.<br>FEE     |                        |
|   |  | (Column 1)  |   | (Colu                  | mn 2)                                  | (Column 3)                       |            |                     |                        |                 |                         |                        |
| NT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |   | NUM<br>PREVI           | HEST<br>MBER<br>OUSLY<br>FOR           | PRESENT<br>EXTRA                 |            | RATE                | ADDI-<br>TIONAL<br>FEE |                 | RATE                    | ADDI-<br>TIONAL<br>FEE |
| OME   | Total  | •   | Minus   | ** .                   |  | =                                |            | X \$ 25 =           |                        | OR <sup>.</sup> | X \$ 50 =               |                        |
| AMENDMENT B   | Independent                                    | •   | Minus   | ***                    |  | =                                |            | X \$ 100 =          |                        | ÓR              | X \$ 200 =              |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                        |  |                                  |            | .+ \$ 180 =         |                        | OR              | + \$ 360 =              |                        |
|   | •••  |   |   |                        |  |                                  |            | TOTAL ADDIT.<br>FEE |                        | OR              | TOTAL ADDIT.<br>FEE     | : .                    |
|   |  | •   |   |                        | •                                      | •                                |            |                     |                        |                 |                         |                        |
| **  | If the "Highest Nu                             | umn 1 is less than th<br>umber Previously Pa<br>umber Previously Pa<br>umber Previously Pak | id For IN THIS SPA  | ACE is le<br>ACE is le | ss than '2<br>ss than '3               | 0', enter "20".<br>', enter "3". | in t       | ne appropriate bo   | x in column 1          | ·               |                         |                        |